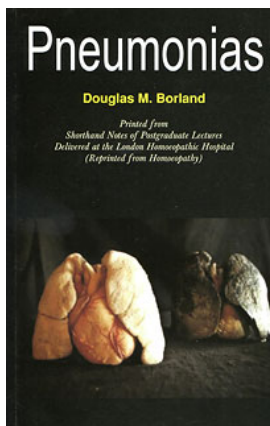


Douglas M. Borland Pneumonias

Leseprobe

[Pneumonias](#)

von [Douglas M. Borland](#)



<http://www.narayana-verlag.de/b218>

Das Kopieren der Leseproben ist nicht gestattet.

Narayana Verlag GmbH
Blumenplatz 2
D-79400 Kandern
Tel. +49 7626 9749 700
Fax +49 7626 9749 709

Email info@narayana-verlag.de
<http://www.narayana-verlag.de>

In unserer [Online-Buchhandlung](#) werden alle deutschen
und englischen Homöopathie Bücher vorgestellt.

Narayana Verlag

GROUP I

INCIPIENT STAGE

IN the incipient pneumonia stage there are four drugs which are commonly indicated, and I think the simplest way is to take these up in order. They are *Aconite*, *Belladonna*, *Ferrum phos.* and *Ipecac.*

Aconite.

In the *Aconite* pneumonias you will always get a history of a very sudden onset. Usually the story is that the patient has been out and exposed to cold, and the same evening he comes down with a temperature—it is a very acute, rapidly developing condition. You are much more likely to meet with it in the strong, healthy, robust patient. As a rule you will find a high temperature, very marked excitement, restlessness, and pretty acute anxiety. The patient has a full, bounding pulse, a very flushed face, and a hot, dry skin. Usually he complains of a very dry mouth which feels hot and tingling and is accompanied by intense thirst. The desire is almost always for cold drinks.

Well, that is the picture as you see it. And, of course, on that you cannot make your diagnosis; you cannot decide whether the patient has an ordinary chill which will subside in no time, or whether it is going on to a definite diseased condition.

Then to take up the points that lead one to prescribe *Aconite*. With this intense excitement, restlessness and anxiety, in your *Aconite* patient you find you have contracted pupils. That is the first point you have to fix on from the prescribing point of view. The next point is that, in spite of the extremely hot, flushed face and hot skin, your *Aconite* patients complain of coldness of the extremities.

Another point which is an *Aconite* indication is that the patients very quickly develop a constant, dry, short cough, which they say is due to the dryness of their throat. Very early they begin to have pains, pretty acute stabbing ones, usually in the left side of the chest. If you see your *Aconite* patient after the first twelve hours you can usually make out early signs at the left apex—

say the patient has a temperature of 99°, a dose of *Aconite* in any potency will stop it. But if the patient is heading for a pneumonia *Aconite* 6 will not do it—I have seen it tried.

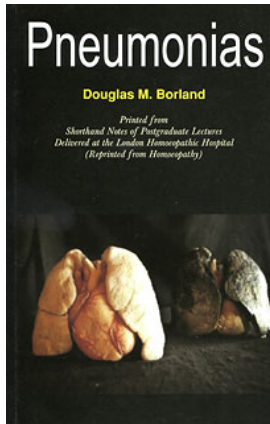
If you are using potencies above a 30, I think you are wise to repeat your medicine at not longer intervals than one hour for the first four hours, and after that keep up your administration at two hourly intervals over a period of twelve hours in all. If you do that, and your prescribing is accurate, you will see case after case in which you have obvious physical signs starting, which from your experience you know would be a commencing pneumonia, but which in twenty-four hours is perfectly well—you simply abort the whole thing. This applies to all four drugs for incipient pneumonias. The administration must be kept up until the temperature is right down, otherwise it is very liable to swing again.

The 30 also works but it works more slowly; you will abort these cases with it, but not in twelve hours, you will have to keep up the administration longer. At the end of twelve hours you will not be satisfied that the patient is well; he will be obviously on the way to recovery, but you will have to keep up the administration for at least another twelve hours.

Ferrum phos.

The next most common of these early drugs is *Ferrum phos.* The *Ferrum phos.* picture also is fairly definite. As a rule, the pneumonia takes a little longer to develop than in *Aconite*. For instance, if you get an exposure one afternoon you are unlikely to find the *Ferrum phos.* picture developing before the following morning. And you may get *Ferrum phos.* running on to about the third day of disease, until you have definite, obvious consolidation.

The first distinguishing feature between the *Ferrum phos.* patient and the *Aconite* is the appearance. Instead of the very brightly flushed face and hot, dry skin of the *Aconite*, in *Ferrum phos.* you usually find either a localized flush over the malar regions, or else a very variable state of redness, that is to say if the patient is coughing, is disturbed, or has to talk, he very rapidly flushes up a bright red flush, but when he rests that flush tends to ebb away and leave just the malar flush on a rather palish background. Also in *Ferrum phos.* you often find a very suggestive pallor round the mouth.



Douglas M. Borland

[Pneumonias](#)

78 Seiten, kart.
erschienen 2008



bestellen

Mehr Homöopathie Bücher auf www.narayana-verlag.de